

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2010
FORM APPROVED
OMB NO. 0938-0391

45th 10/03/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/17/2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation of the dining room's fire doors on 8/17/10, at 5:46 p.m., revealed did not close with the door frame. National Fire Protection Association (NFPA) 80, 15-1.2 2. Observation of the therapy services room on 8/17/10, at 7:10 p.m., revealed the room's door was sticking to the door frame. NFPA 80, 15-1.2 	K 018	<p>K 018 SS=F</p> <p><u>Description</u></p> <p>NFPA 101 Life Safety Code Standard</p> <p>The facility failed to maintain the doors protecting the corridors</p> <p><u>Corrective Action</u></p> <p>1.a. The fire doors going into the dining room were adjusted by the maintenance supervisor on 8/19/10.</p> <p>b. The door going into the therapy department was adjusted by the maintenance supervisor on 8/19/10.</p> <p>c. The door going into room 311 was adjusted by the maintenance supervisor on 8/19/10.2. The facility doors were inspected by the Maintenance Supervisor and ensure that doors closed and latched.3. The Maintenance Supervisor was instructed to inspect and insure that doors latch properly upon closing by the Administrator on 8/19/10.4. The maintenance supervisor and environmental services will monitor for compliance during daily walking rounds and will report findings to the QA Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.</p>	8/19/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1	K 018			
K 038 SS=F	<p>3. Observation of residents' room 311 on 8/17/10, at 7:07 p.m., revealed the room's door was not latching to the door frame. NFPA 80, 15-1.2</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exit access.</p> <p>The findings include:</p> <p>Observation of 200 corridor's exit on 8/17/10, at 5:16 p.m., revealed the exit path from the exit discharge to the public way was blocked with beds, wall lockers, and chairs. National Fire Protection Association (NFPA) 101, 7.1.10.1</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p>	K 038 SS=F	<p>K 038</p> <p>SS=F</p> <p><u>Description</u></p> <p>NFPA 101 Life Safety Code Standard</p> <p>The facility failed to maintain the exit access.</p> <p><u>Corrective Action</u></p> <p>1. The exit path from the 200 corridor's exit to the public way was cleared of beds, wall lockers, and chairs by the maintenance supervisor on 8/18/10.2. The maintenance supervisor made rounds to ensure that exit paths to public areas were free of obstructions on 8/18/10.3. The maintenance supervisor was in-serviced by the administrator on 8/19/10 regarding exit paths being free from obstructions to the public areas.4. The maintenance supervisor will monitor for compliance during daily walking rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.</p>	8/19/10	
K 039 SS=F		K 039			

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K 039	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridors clear and unobstructed in 2 of the 3 corridors. The findings include: 1. Observation of the short corridor located next to room 310 on 8/17/10, at 5:10 p.m., revealed carts, chairs, and a trash were stored in the corridor. Further observations of the corridor at 5:10 p.m., revealed the equipment remained in the corridor for more than 30 minutes. National Fire Protection Association (NFPA) 101, 19.2.3.3 2. Observation of the 100 corridor located next to room 113 on 8/17/10, at 6:10 p.m., revealed a lift was stored in the corridor. Further observations of the corridor at 7:10 p.m., revealed the lift remained in the corridor for more than 30 minutes. National Fire Protection Association (NFPA) 101, 19.2.3.3 These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.	K 039	K 039 SS=F <u>Description</u> NFPA 101 Life Safety Code Standard The facility failed to maintain clear and unobstructed corridors. <u>Corrective Action</u> 1.a. The corridor at the end of the 300 hall was cleared of the stored items on 8/17/10 by facility staff. b. The lift was removed by facility staff from the 100 hall on 8/17/10. 2. QA Committee made rounds on 8/17/10 to ensure corridors were clean and unobstructed. 3. Facility staff was in-serviced on 8/19/10 on making sure corridors are kept clear of obstructions by the administrator. 4. Administrator will monitor for compliance during daily facility walking rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.	8/19/10	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K 062 SS=F <u>Description</u> NFPA 101 Life Safety Code Standard The facility failed to maintain the sprinkler system.		

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the ambulance entrance canopy on 8/17/10, at 5:41 p.m., revealed the 4 sprinklers were corroded. National Fire Protection Association (NFPA) 25, 2-2.1.1 Observation of the central storage room on 8/17/10, at 6:08 p.m., revealed storage within 18 inches of 2 sprinklers. NFPA 13, 5.5.6 Records review on 8/17/10, at 7:15 p.m., revealed no quarterly inspections were conducted on the sprinkler system by a properly trained, qualified, and certified company or person(s). NFPA 25, 2-2.1.1 Records review on 8/17/10, at 7:16 p.m., revealed the sprinkler gages' 5 year test or replacement was overdue. NFPA 25, 2-2.1.1 These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.	K 062	<u>Corrective Action</u> 1.a. The sprinklers under the canopy entrance for the ambulances will be replaced by ACS on 9/21/10. b. The items stored within 18 inches of the sprinklers were removed by the maintenance supervisor on 8/17/10. c. Inspection on the sprinkler system was done on 8/31/10 by ACS and is now on a quarterly schedule. d. The sprinkler gages were replaced on 8/31/10 by ACS. 2. The maintenance supervisor conducted facility rounds to ensure sprinkler heads were in good condition, and were free from obstruction on 8/18/10. 3. Maintenance supervisor was in-serviced on 8/18/10 by Administrator on proper sprinkler maintenance. 4. Maintenance supervisor will monitor for compliance during daily walking rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.		09/21/10
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by:	K 064	K 064 SS=E <u>Description</u> NFPA 101 Life Safety Code Standard The facility failed to maintain the kitchen's fire extinguisher.		

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K 064	<p>Continued From page 4</p> <p>Based on observations it was determined the facility failed to maintain kitchen 's fire extinguisher.</p> <p>The findings include:</p> <p>Observation of the kitchen on 8/17/10, at 5:50 p.m., revealed the ABC fire extinguisher's safety pin was removed. National Fire Protection Association (NFPA) 10, 4.3.2</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.</p>	K 064	<p><u>Corrective Action</u></p> <ol style="list-style-type: none"> 1. On 8/30/10 Pye-Barker repaired the tab that holds the pin on the fire extinguisher. 2. On 8/18/10 the maintenance supervisor made rounds to ensure that fire extinguisher were in proper working condition. 3. On 8/19/10 the administrator in-serviced the maintenance supervisor on keeping fire extinguishers in proper working condition. 4. The maintenance supervisor will monitor for compliance during daily walking rounds and will report finding to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services. 		8/30/10